

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

01-29-2004 90017 050 ****70.00

DOCUMENT # N99000004369

1. Entity Name
GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.



Principal Place of Business
**22155 SW 147 AVE
MIAMI, FL 33170**

Mailing Address
**PO BOX 700016
MIAMI, FL 33170**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0945018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY COMPANY OF MIAMI
1600 MIAMI CENTER
201 S BSCAYNE BLVD.
MIAMI, FL 33131**

Name **Margaret M. Bass**
Street Address (P.O. Box Number is Not Acceptable)
22155 S.W. 147th Avenue
City **Miami** FL Zip Code **33170**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Margaret M. Bass, Program Director** 1/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D (Vice President)** ☐ Delete
NAME **QUILLIAN, WARREN DR.**
STREET ADDRESS **305 GRANELLO AVE.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Change ☐ Addition
NAME **Anderson, Sheldon**
STREET ADDRESS **700 Brickell Avenue**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE **D (President)** ☐ Delete
NAME **BAGGETT, WILLIAM**
STREET ADDRESS **16390 S.W. 248TH ST.**
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE ☐ Change ☐ Addition
NAME **Llabre, Maria**
STREET ADDRESS **P.O. Box 248185**
CITY-ST-ZIP **Coral Gables, Florida 33124-2070**

TITLE **D (Treasurer)** ☐ Delete
NAME **EPLING, ROBERT**
STREET ADDRESS **28801 S.W. 157TH AVE.**
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **ALVAREZ, MANNY**
STREET ADDRESS **8401 DUNDEE TERRACE**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D (Secretary)** ☐ Delete
NAME **ELIAS, NANCY**
STREET ADDRESS **7685 SW 153RD STREET**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Brooks, N.P.**
STREET ADDRESS **18400 S.W. 256th Street**
CITY-ST-ZIP **Homestead, Florida 33090**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nancy Elias, Secretary** 1/12/04 (305) 772-1697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #